

STATEWIDE PROGRAM STANDING COMMITTEE
FOR ADULT MENTAL HEALTH

Meeting Notes
December 11, 2006

MEMBERS: Kitty Gallagher, George Karabakakis, David Mitchell, Clare Munat, Marty Roberts, and Jim Walsh

DMH STAFF: Ron Clark, Melinda Murtaugh, Frank Reed, and Terry Rowe

OTHERS: Richard Allain, Steve Broer, Linda Corey, Zachary Hughes, Sandi Knight, Jackie Leman, Michael Sabourin, and Scott Thompson

Facilitation

Clare Munat facilitated today's meeting.

Introductions and Approval of Minutes

After introductions, the Standing Committee approved the minutes of the meeting of November 6 as submitted.

Developments at VSH

The in-house census at the State Hospital has been quite high of late. It is currently full, at fifty-four. Any number of factors may be contributing to the pressure. Terry Rowe and Frank Reed are working with nursing homes on new capacities in the service system as a way of reducing some of the pressure on VSH. Other pressure may be coming from lack of housing in the community. The Department of Housing and Urban Development is cutting back on funding, Linda Corey noted, and Vermont's chronic housing shortage is well known.

Vermont's Board of Health will meet at 10:00 on December 14 to review the State Hospital's application for a license. It is an open meeting, and members of the public are invited to attend. VSH is not asking for a full license at this point, merely a review of the application.

Issues Raised in VSH Focus Groups:

- ◆ Exercise equipment: Half of the equipment works and half does not, Terry said. Models that are more durable will be more expensive to purchase.
- ◆ Space for computers remains limited, Terry said, but now there are two in the Brooks Activities Center

Kitty Gallagher would like a second volunteer from the Standing Committee to help her conduct them each month. She asked for members' names and phone numbers so that she can get in

touch with them to make arrangements in advance. Melinda Murtaugh will send full contact information on membership to all members.

Terry noted that some of the VSH event tracking information on patients and staff did not delete identifying information and was inadvertently sent to members of the Standing Committee. She asked everyone present to return reports included in their packets. Melinda will e-mail the membership not present and request that they return or destroy this information as well. Terry will report this accidental disclosure to the AHS Privacy Administrator and provide any follow-up as required.

Re-designation of Northwestern Counseling and Support Services (NCSS)

Steve Broer told the Standing Committee that NCSS has around seventy-five full-time-equivalent (FTE) employees in its behavioral-health programs. The agency's Adult Outpatient program is one of the larger ones in the state; it switched to the fee-for-service model about eight years ago.

Since Steve started at the agency three years ago, Community Rehabilitation and Treatment (CRT) has seen major changes in leadership and clinical programs. NCSS has five beds in its therapeutic residence. Within CRT, lots of different kinds of services may be found. An Assertive Community Treatment (ACT)-type team makes medication deliveries to CRT clients. NCSS is actively engaged in integrated treatment for co-occurring disorders of mental illness and substance abuse. The agency sponsors a night of the arts as a community event, usually in May. One of the major goals over the past three years has been strengthening the Local Program Standing Committee (LPSC). Peer-support groups meet twice a month. Approximately 120 CRT clients have "graduated" out of the program in order to release additional capacity to improve responsiveness to community need. A current difficulty the agency is experiencing involves clients with serious medical needs. NCSS's Supported Employment team has 1.6 FTEs with funding from Vocational Rehabilitation. "Employment is critical, even in a crisis," Steve said.

Within CRT currently, the most pressing need at the agency is improved collaboration with the Department of Corrections. Real systems gaps for ex-inmates exist right now. Stigma is another concern, also end-stage care for older clients. The local hospital is really responsive, however. Housing is a major challenge. NCSS has a 25 percent staff turnover. Children's services is increasing involvement in legal issues, especially in matters of custody. In Emergency Services, there is a need for good collaborative relationships with the community to manage risk.

Ron Clark explained the way the re-designation process works. Under Vermont's *Administrative Rules for Agency Designation*, DAs are to be re-designated every four years. Program reviews, minimum standards and clinical audits are done every other year. NCSS has met all minimum standards. The agency has grown by leaps and bounds since the last program review, Ron added; progress has been remarkable. David Mitchell asked about the deficiencies noted on pages 7 and 19 of the re-designation report for NCSS. He wanted to know if DMH is satisfied with the corrective action plans that have been formulated. On accessibility, Steve answered,

NCSS is no longer in the same building that was evaluated earlier on that point. As for page 19 of the report, that issue is related to Developmental Services Quality Assurance process. NCSS has electronic crisis-alert information on all clients. NCSS is not tracking Durable Powers of Attorney (DPOAs) for health care closely, Steve said, but plans are to track them with Lavender and Wyatt software beginning in January.

Marty Roberts asked about Dialectical Behavioral Therapy (DBT), treatment for co-occurring disorders, and recovery orientation at NCSS. DBT is in the Adult Outpatient Program (AOP), Steve said; the challenge is maintaining trained staff, he added. The DBT program is a team program. The agency wants to maintain clients but keep open to new referrals too. On integrated treatment for co-occurring disorders, Steve said that NCSS recently had a team consultation from Christie Cline on a variety of issues (for example, a good training model for staff and identifying co-occurring disorders in assessments). In the way of recovery activities, the agency has sponsored a recent recovery training as well as family psychoeducation with a focus on transition-aged youth. The Dartmouth Toolkit model for these practices is very labor-intensive. NCSS will be getting more feedback on whether the agency should make adjustments in its programming.

The Standing Committee will continue the discussion in of NCSS's re-designation at its next meeting on January 8, 2007. The recommendation is due to be in the Commissioner's office on January 14, 2007.

Vermont State Hospital (VSH) Report

Terry said that it would be helpful to have the Standing Committee's VSH report by the time of the next Governing Body meeting, which will be on the third Wednesday in January, the seventeenth. Clare commented on the great detail required in the report; Marty agreed. Clare asked if Terry has ever had a grievance when the person did not know about the VSH grievance procedure. Sure, Terry replied, and added that a patient representative position is being recruited that will continue to support ongoing staff efforts to inform patients of their grievance rights. A portion of the representative's duties will be to meet with each patient to be sure that all of them know about the grievance procedure.

To Marty, the most difficult areas of the report are about VSH services and policy development. Clare asks how any interested person would know that he/she can make policy suggestions to VSH. David recommended that the policy process be posted on VSH web site. Marty suggested that different Standing Committee members draft different parts of the report.

A discussion of the types of information to go into report followed. The feeling of the Standing Committee was that inpatient data are not necessarily all that should go into the report. Committee members should consult more sources than just VSH reports. Focus groups hear lots of stories from patients, for example. Jim Walsh suggested developing basic kinds of questions to ask the patients who come to focus groups. Outcomes are also important. Linda Corey said that Vermont Psychiatric Survivors (VPS) is still doing report cards. Terry asked for a list of what the Standing Committee wants and how often. Melinda suggested starting with the list from the November 6 meeting and making additions as necessary. Kitty said that focus-group facilitators

ask patients what is working and what is not, and they are very informative. George Karabakakis suggested following up with clients at certain periods after discharge from VSH to find out how they are doing. The discussion ended with agreement that Melinda should send Standing Committee members an electronic copy of the report format so that everyone can contribute as they feel they can to the final product.

Finally, Terry mentioned that the State Hospital is beginning to evaluate its current smoking policies and responsibilities as a healthcare facility to promote smoking cessation and to align with other healthcare facilities that are non-smoking environments. The group had a brief introductory discussion of the pros and cons of these considerations, recognizing that this topic would require planning, education, and opportunities for input.

Report from the Membership Subcommittee

Lyn Parker Haas is thinking about resigning, Clare said, so the Standing Committee should be thinking about recruiting another family member. Pamela Anderson is still interested in membership as a consumer, Marty said, although Pam has not been able to attend any meetings yet. Melinda should send a membership application to Sandi Knight. Dwight Walker's membership is presently on hold. Richard Allain, Sandi, Dwight, and Jackie Lehman are still interested. All of them are consumers. George reminded the Standing Committee to be thinking about family representation too.

Conference Report: Marty Roberts

The Alternatives conference is an annual event funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). One of SAMHSA's consumer Technical Assistance Centers sponsors it each year. The National Empowerment Center, in Lowell, Massachusetts, sponsored this year's conference. The focus was on recovery. Between seven hundred and eight hundred, mostly consumers go to these conferences, but there is also a wide range of other people who attend. Marty likes the opportunities to network the most, but lots of workshops were also interesting—for example, one on peer-operated businesses, another on certified peer advocates, and four workshops on seclusion and restraint; Marty wants to do a separate presentation on the latter later on.

Four consumers from Vermont went to a conference in Portland, Oregon. George Van Nostrand did a presentation on his Supported Employment grant renewal. Linda is helping with that application now. It is due February 1, 2007.

Division of Mental Health Updates: Frank Reed

- ◆ The Vermont Department of Health is interviewing Michael Hartman tomorrow (that is, December 12) for the Deputy Commissioner position.
- ◆ The Public Oversight Committee will be meeting on December 14 to consider VSH's certificate of need (CON).
- ◆ Clare asked if the Standing Committee wants to go on record again in support of Futures Project. She suggested wording for such a letter and offered to write it.

Public Comment

Scott Thompson informed the Standing Committee that Lamoille County Mental Health is waiting for the right time to implement a Lavender and Wyatt system.

Items for the January Agenda

- ★ The usual: introductions, approval of notes, etc.
- ★ Finish up discussion of NCSS re-designation (also consider Standing Committee's comfort level with the agency's plans of correction)
- ★ VSH Report: All Standing Committee members
- ★ Membership Report
- ★ NYAPSRS Conference: Kitty
- ★ Report on restraint and seclusion workshops: Marty

Other Items for Future Agendas

- ★ Fletcher Allen Health Care, recovery, and evidence-based practices: Consider these topics together in the context of the Futures Project. How is the recovery model translated into inpatient care?
- ★ Proposals for future replacement for VSH